

Applicant(s)	Gary Gustine et al.	INFORMATION DISCLOSURE STATEMENT FORM PTO-1449
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Examiner Name	Unknown	
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Title: CLAMPING RECEPTACLE		Sheet 1 of 1

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Examiner Signature	<i>W. David Valkenhorst</i>	Date Considered	1/22/03
*Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.			